

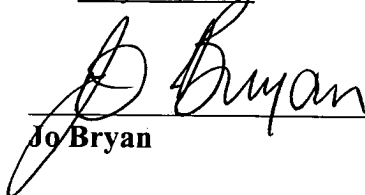


CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on May 23, 2006.


Jo Bryan

In Re Application of:

Confirmation No.: 1936

Phil R. Stillwell

Group Art Unit: 3728

Serial No.: 10/725,240

Examiner: Pickett, John G.

Filed: December 1, 2003

Docket No.: 80705-1010

For: Headwear and Clothing Packaging System and Method

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Sheet
Extension of Time (One Month)
Amendment and Response
Credit Card Authorization in the Amount of \$60.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (SMALL)Applicant(s): **Phil R. Stillwell**

Docket No.

80705-1010Serial No.
10/725,240Filing Date
December 1, 2003
Examiner
John G. PickettConfirmation No.
1936Group Art Unit
3728Invention: **Headwear and Clothing Packaging System and Method****Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**

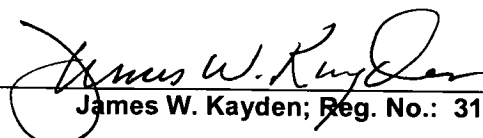
Transmitted herewith is Amendment and Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14 -	20 =	0	X \$25.00	\$0
INDEP. CLAIMS	4 -	4 =	0	X \$100.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$180.00
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> \$60.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$60.00
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$60.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$60.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


James W. Kayden; Reg. No.: 31,532May 23, 2006
Date